

CDP Client Level Data Collection: 2005

CDP 2005				
Q	Description	Name	Value	Data
1	URN or Unique ID	urn		Text
2	ZIP code of residence	clntzip		Number
3	Provider ID	prvid		Text
4	Date of enrollment	enrldate	mm/dd/yyyy	Date
5	Gender	sex	1=Male 2=Female 3=Transgender 9=Unknown	Number
6	Year of Birth	byear		Number
7	Age	age		Number
8	Is the client of Hispanic or Latino/a ethnicity?	hispanic	0=No 1=Yes 9=Unknown	Number
9	What is the client's race? (Check all that apply)			
	White	white	0=No 1=Yes	Number
	Black	black	0=No 1=Yes	Number
	Asian	asian	0=No 1=Yes	Number
	Native Hawaiian or Other Pac. Isl.	pacisl	0=No 1=Yes	Number
	American Indian/Alaskan Native	natamer	0=No 1=Yes	Number
	Unknown race	unkrace	0=No 1=Yes	Number
10	If the client is new to your service this year, did they enter HIV primary medical care as a result of a routine HIV counseling and testing program?	cnewct	0=No 1=Yes at this agency 2=Yes, at another C&T Site 7=Not applicable 9=Unknown/unreported	Number
11	What is the client's household income?	cincome	1=Equal to or below Federal Poverty Line 2=101-200% of FPL 3=201-300% of FPL 4=>300% of FPL 9=Unknown	Number
12	Current housing/living arrangement:	nohome	0=Permanently Housed 1=Non-permanently housed 2=Institution 8=Other 9=Unknown / Unreported	Number
13	Current HIV/AIDS status:	hivstat	1=HIV-positive not AIDS 2=HIV Pos/AIDS status Unknown 3=CDC-defined AIDS* 4=HIV Indeterminate (<2 years of age) 5=HIV Negative (affected clients only) 9=Unknown/unreported (affected)	Number
14	What is the client's vital/enrollment status?	vitalst	1=Active 2=Deceased 3=Inactive 9=Lost to follow-up	Number
15	Current source of medical insurance:	primpay	1=Private 2=Medicare 3=Medicaid 4=Other public 5=No Insurance 8=Other 9=Unknown	Number
15a	If "Other," describe	primpayo		Text

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16	Primary risk factor for HIV infection (Check one only.)	hivrisk	1=Male who has sex with Male(s) (MSM) 2=Injection drug user (IDU) 3=MSM & IDU 4=Hemophilia/coagulation disorder 5=Heterosexual contact 6=Receipt of trasfusion of blood, blood components, or tissue 7=Mother w/at risk for HIV infection (perinatal transmission) 8=Other 9=Undetermined/unknown/risk not reported	Number
17	Does the client have a documented diagnosis of, or were they treated or referred for, substance abuse at any time this year (including injection drugs, alcohol)?	shistory	0=No 1=Yes	Number
18	Does the client have a documented diagnosis of, or were they treated or referred for, a mental health condition at any time this year?		0=No 1=Yes	Number
19	Indicate the number of service visit received. Except for services aa and ab, do NOT include outside referrals here.			
a	Ambulatory/outpatient medical care	smedical		Number
b	Mental health Services	smheath		Number
c	Oral Health Care	sdental		Number
d	Substance abuse Services-Outpatient	ssabuse		Number
e	Substance Abuse Services – Residential	ssabuser		Number
f	Rehabilitation Services	srehab		Number
g	Home health: Paraprofessional care	shmpara		Number
h	Home health: Professional care	shmpro		Number
i	Home health: Specialized care	shmspec		Number
j	Case Management Services	scasemgt		Number
k	Buddy/companion services	sbuddy		Number
l	Child Care services	schcare		Number
m	Child Welfare services	schwelf		Number
n	Client advocacy services	sadvoc		Number
o	Day or respite care services	srespite		Number
p	Developmental Assessment services	sdassess		Number
q	Early Intervention (Title I&II)	seit1t2		Number
r	Emergency financial services	scash		Number
s	Food bank visits	sfood		Number
t	Health Education/risk reduction	shlthed		Number
u	Housing assistance	shouse		Number
v	Legal services	slegal		Number
w	Nutrition Counseling services	snutrit		Number
x	Outreach services	soutrch		Number
y	Permanency planning services	splan		Number
z	Psychosocial support services	spsych		Number
aa	Referral for health care	srhc		Number
ab	Referral for clinical trials	srclinic		Number
ac	Residential/in home hospice visits	shospice		Number
ad	Transportation services	stransp		Number
ae	Treatment Adherence services	streat		Number
ae	Other support services	sother		Number
20a	Was client counseled about HIV transmission risk behaviors as part of their primary medical care?	evalhiv	0=No 1=Yes 7=Not Applicable 8=No, Not medically indicated 9=Unknown/unreported	Number
20b	If 20a is yes, who performed the counseling? (Check all that apply)			
	Primary care clinician	evalpcc	0=No 1=Yes	Number
	Case manager/social worker	evalcm	0=No 1=Yes	Number
	Other trained counselor	evaloth	0=No 1=Yes	Number
21a	Date of most recent TB skin test:	tbdate	Mm/yyyy	Date

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21b	Result of the most recent TB skin test.	tbresult	0=Negative (<5mm) 1=Positive (>= 5mm) 2=Inconclusive 9=Unknown/unreported	Number
21c	Documented history of treatment for TB disease or prophylaxis for latent TB infection?	tbdoc	0=No 1=Prophylaxis for latent TB infection 7=Treatment for active disease 9=Unknown/lost to follow-up	
21d	If 21C =1 or 2, enter date treatment: started:	tbstart	Mm/yyyy	Date
21e	If 21C =1 or 2, enter date treatment: completed:	tbend	Mm/yyyy	Date
22a	Was client screened for syphilis?	sytest	0=No 1=Yes 8=Not medically indicated	Number
22b	If syphilis treatment was indicated, was it prescribed?	sytreat	0=No 1=Yes 8=Not medically indicated	Number
23a	Was client screened for any sexually transmitted infection (STI) other than syphilis and HIV?	stitest	0=No 1=Yes 8=Not medically indicated	Number
23b	If treatment was indicated for any STI other than syphilis or HIV, was it prescribed?	stitreat	0=No 1=Yes	Number
24a	Is client Hepatitis A antibody positive?	hepapos	0=No 1=Yes	Number
24b	If antibody positive, enter date of last positive Total Hep A Antibody test:	hepatat	Mm/yyyy	Date
24c	Date of first Hepatitis A vaccine dose:	hepafir	Mm/yyyy	Date
24d	Date of second Hepatitis A vaccine dose:	hepasec	Mm/yyyy	Date
25a	Is client Hepatitis B antibody positive?	hepbpos	0=No 1=Yes	Number
25b	If Hep B positive, enter date of last positive:	hepbdat	Mm/yyyy	Date
25c	Date of first Hep. B vaccine dose:	hepbfir	Mm/yyyy	Date
25d	Date of second Hep. B vaccine dose:	hepbsec	Mm/yyyy	Date
25e	Date of third Hep. B vaccine dose:	hepbthi	Mm/yyyy	Date
26a	Date of most recent hepatitis C screening test:	hepcdat	Mm/yyyy	Date
26b	Result of the most recent hepatitis C screening test:	hepreslt	0=Negative 1=Positive	Number
26c	Was client evaluated for hepatitis C treatment?	hepcetest	0=No 1=Yes	Number
26d	Was client treated for hepatitis C?	heptreat	0=No 1=Yes	Number
26e	If treated, date therapy started:	hepcsta	Mm/yyyy	Date
26f	If treated, date therapy completed:	hepcend	Mm/yyyy	Date
27	Date of last Pneumovax:	pneumvax	Mm/dd/yyyy	Date
28	Date of last influenza vaccine:	influvac	Mm/dd/yyyy	Date
29	Enter CD4+ lymphocyte counts (cells/L), Viral Loads and PCP prophylaxis treatment information:			
	CD4/VL test date - q1	labq1dat	mm/dd/yyyy	Date
	CD4 count - q1	cd4q1		Number
	CD4 PCP prophylaxis if <200 - q1	cd4q1pcp	0=No 1=Yes	Number
	VL - q1	vlq1		Number
	CD4/VL test date - q2	labq2dat	mm/dd/yyyy	Date
	CD4 count - q2	cd4q2		Number
	CD4 PCP prophylaxis if <200 - q2	cd4q2pcp	0=No 1=Yes	Number
	VL - q2	vlq2		Number
	CD4/VL test date - q3	labq3dat	mm/dd/yyyy	Date
	CD4 count - q3	cd4q3		Number
	CD4 PCP prophylaxis if <200 - q3	cd4q3pcp	0=No 1=Yes	Number
	VL - q3	vlq3		Number
	CD4/VL test date - quarter 4	labq4dat	mm/dd/yyyy	Date
	CD4 count - q4	cd4q4		Number
	CD4 PCP prophylaxis if <200 - q4	cd4q4pcp	0=No 1=Yes	Number

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	VL - q4	vlq4		Number
30	Check if client was newly diagnosed with any of the following AIDS-defining conditions (check all that apply):			
	Cervical Cancer	adccc	0=No 1=Yes	Number
	Cytomegalovirus disease	adccmv	0=No 1=Yes	Number
	Lymphoma	adclymph	0=No 1=Yes	Number
	Mycobacterium avium complex	adcmac	0=No 1=Yes	Number
	Mycobacterium tuberculosis	adctb	0=No 1=Yes	Number
	Pneumocystis carinii pneumonia	adccp	0=No 1=Yes	Number
	Toxoplasmosis	adcto	0=No 1=Yes	Number
	Other AIDS Defining condition	adcother	0=No 1=Yes	Number
31a	Was the client prescribed the latest antiretroviral drug regimen each quarter?	arv	0=No 1=Yes	Number
31b	Quarters 1 - 4			
	Drug code	arv1q1-- arv8q1 arv1q2-- arv8q2 arv1q3-- arv8q3 arv1q4-- arv8q4	1=Agenerase (amprenavir) 2=Combivir (lamivudine/zidovudine) 3=Crixivan (indinavir) 4=Emtriva (emtricitabine) 5=Epivir (3TC, lamivudine) 6=Epzicom (lamivudine,abacavir) 7=Fortovase (saquinavir) 8=Fuzeon (enfuvirtide) 9=HIVID (ddC, dideoxycytidine, zalcitabine) 10=Invirase (saquinavir mesylate) 11=Kaletra (ritonavir, lopinavir) 12=Lexiva (fosamprenavir) 13=Norvir (ritonavir) 14=Rescriptor (delavirdine) 15=Retrovir (AZT, ZDV, zidovudine) 16=Reyataz (atazanavir sulfate) 17=Sustiva (efavirenz) 18=Trizivir (Abacavir/3TC/AZT) 19=Truvada (emtricitabine/tenofovir) 20=Videx (ddI, didanosine, dideoxyinosine) 21=Viracept (nelfinavir) 22=Viramune (nevirapine) 23=Viread (Tenofovir) 24=Zerit (d4T, stavudine) 25=Ziagen (abacavir) 99=Other ARV (experimental)	Number
31c	If not taking any antiretrovirals for any continuous 3 month period or longer within the year, indicate reason.	NoARV	1=Not medically indicated 2=Not ready (as determined by clinician) 3=Client refused therapy 4=Intolerance, side-effects, toxicity 5= Managed treatment interruption 6= Non-adherence 7= Other (comorbidity including substance use, mental health problems, financial)	Number
	Questions 32-34 for Females only			
32a	Date of last pelvic exam:	peldate	mm/dd/yyyy	Date
32b	If no exam, indicate reason:	pelreas	0=Not medically indicated 1=Refused	Number
33a	Date of last vaginal pap smear:	papdate	mm/dd/yyyy	Date
33b	If no exam, indicate reason:	papreas	0=Not medically indicated 1=Refused	Number
34a	Was the client pregnant this year?	pregnant	0=No 1=Yes	Number

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34b	If pregnant, during what trimester did the client begin prenatal/perinatal care?	precare	1=First trimester 2=Second trimester 3=Third trimester 4=At time of delivery 9=Unknown/unreported	Number
34c	Did the client receive antiretroviral medications to prevent maternal to child transmission of HIV?	artmom	0=No 1=Yes	Number
34d	Did the client deliver any (liveborn) children this year?	delchild	0=No 1=Yes 9=Unknown	Number
34e	Total number of live births	numchild		Number
34f	If 35d. is yes, did newborn(s) receive recommended HIV preventive therapies?	recchild	0=No 1=Yes 9=Unknown	Number
34g	Of the children reported, what was their HIV status at the end of the reporting period?			
	Number confirmed HIV positive	HIVconfp		Number
	Number HIV indeterminate	HIVind		Number
	Number confirmed HIV negative	HIVconfn		Number
35	Was client referred outside of your EIS program (Title 3) and/or your network (Title 4) for any service that was unavailable within your program or network this year?	referral	0=No 1=Yes 9=Unknown	Number
36	Indicate the type of outside referral and if the client received the service:			
	Referred: Ambulatory/outpatient medical care	rmedical	1=Yes	Number
	Referred: Mental health Services	rmheath	1=Yes	Number
	Referred: Oral Health Care	rdental	1=Yes	Number
	Referred: Substance abuse Services-Outpatient	rsabuse	1=Yes	Number
	Referred: Substance Abuse Services – Residential	rsabuser	1=Yes	Number
	Referred: Rehabilitation Services	rrehab	1=Yes	Number
	Referred: Home health: Paraprofessional care	rhmpara	1=Yes	Number
	Referred: Home health: Professional care	rhmpro	1=Yes	Number
	Referred: Home health: Specialized care	rhmspec	1=Yes	Number
	Referred: Case Management Services	rcasemgt	1=Yes	Number
	Referred: Buddy/companion services	rbuddy	1=Yes	Number
	Referred: Child Care services	rchcare	1=Yes	Number
	Referred: Child Welfare services	rchwelf	1=Yes	Number
	Referred: Client advocacy services	radvoc	1=Yes	Number
	Referred: Day or respite care services	rrespice	1=Yes	Number
	Referred: Developmental Assessment services	rdassess	1=Yes	Number
	Referred: Early Intervention (Title I&II)	reit1t2	1=Yes	Number
	Referred: Emergency financial services	rfinance	1=Yes	Number
	Referred: Food bank visits	rfood	1=Yes	Number
	Referred: Health Education/risk reduction	rhthed	1=Yes	Number
	Referred: Housing assistance	rhouse	1=Yes	Number
	Referred: Legal services	rlegal	1=Yes	Number
	Referred: Nutrition Counseling services	rnutrit	1=Yes	Number
	Referred: Outreach services	routrch	1=Yes	Number
	Referred: Permanency planning services	rplan	1=Yes	Number
	Referred: Psychosocial support services	rpsych	1=Yes	Number
	Referred: Referral for health care	rrhc	1=Yes	Number
	Referred: Referral for clinical trials	rrclinic	1=Yes	Number
	Referred: Residential/in home hospice visits	rhospice	1=Yes	Number
	Referred: Transportation services	rtransp	1=Yes	Number
	Referred: Treatment Adherence services	rtreat	1=Yes	Number
	Referred: Other support services	rother	1=Yes	Number
	Service Received: Ambulatory/outpatient medical care	cmedical	0=No 1=Yes 9=Unknown	Number
	Service Received: Mental health Services	cmheath	0=No 1=Yes 9=Unknown	Number
	Service Received: Oral Health Care	cdental	0=No 1=Yes 9=Unknown	Number

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	Service Received: Substance abuse Services-Outpatient	csabuse	0=No 1=Yes 9=Unknown	Number
	Service Received: Substance Abuse Services – Residential	csabuser	0=No 1=Yes 9=Unknown	Number
	Service Received: Rehabilitation Services	crehab	0=No 1=Yes 9=Unknown	Number
	Service Received: Home health: Paraprofessional care	chmpara	0=No 1=Yes 9=Unknown	Number
	Service Received: Home health: Professional care	chmpro	0=No 1=Yes 9=Unknown	Number
	Service Received: Home health: Specialized care	chmspec	0=No 1=Yes 9=Unknown	Number
	Service Received: Case Management Services	ccasemgt	0=No 1=Yes 9=Unknown	Number
	Service Received: Buddy/companion services	cbuddy	0=No 1=Yes 9=Unknown	Number
	Service Received: Child Care services	cchcare	0=No 1=Yes 9=Unknown	Number
	Service Received: Child Welfare services	cchwelf	0=No 1=Yes 9=Unknown	Number
	Service Received: Client advocacy services	cadvoc	0=No 1=Yes 9=Unknown	Number
	Service Received: Day or respite care services	crespite	0=No 1=Yes 9=Unknown	Number
	Service Received: Developmental Assessment services	cdassess	0=No 1=Yes 9=Unknown	Number
	Service Received: Early Intervention (Title I&II)	ceit1t2	0=No 1=Yes 9=Unknown	Number
	Service Received: Emergency financial services	cfinance	0=No 1=Yes 9=Unknown	Number
	Service Received: Food bank visits	cfood	0=No 1=Yes 9=Unknown	Number
	Service Received: Health Education/risk reduction	chlthed	0=No 1=Yes 9=Unknown	Number
	Service Received: Housing assistance	chouse	0=No 1=Yes 9=Unknown	Number
	Service Received: Legal services	clegal	0=No 1=Yes 9=Unknown	Number
	Service Received: Nutrition Counseling services	cnutrit	0=No 1=Yes 9=Unknown	Number
	Service Received: Outreach services	courtch	0=No 1=Yes 9=Unknown	Number

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	Service Received: Permanency planning services	cplan	0=No 1=Yes 9=Unknown
	Service Received: Psychosocial support services	cpsych	0=No 1=Yes 9=Unknown
	Service Received: Referral for health care	crhc	0=No 1=Yes 9=Unknown
	Service Received: Referral for clinical trials	crclinic	0=No 1=Yes 9=Unknown
	Service Received: Residential/in home hospice visits	chospice	0=No 1=Yes 9=Unknown
	Service Received: Transportation services	ctransp	0=No 1=Yes 9=Unknown
	Service Received: Treatment Adherence services	ctreat	0=No 1=Yes 9=Unknown
	Service Received: Other support services	cother	0=No 1=Yes 9=Unknown